

**U.S. IMMIGRATION AND CUSTOMS ENFORCEMENT  
ENFORCEMENT AND REMOVAL OPERATIONS  
ICE HEALTH SERVICE CORPS**

**IHSC MEDICAL QUALITY MANAGEMENT UNIT**

**HSC Directive: 11-01  
ERO Directive Number: 11833.2  
Federal Enterprise Architecture Number: 306-112-002b  
Effective Date: 25 Mar 2016**

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**By Order of the Acting Assistant Director  
Stewart D. Smith, DHSc/s/**

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1. **PURPOSE:** The purpose of this issuance is to set forth the guidance for the Immigration and Customs Enforcement (ICE) Health Service Corps (IHSC) Medical Quality Management Unit.
2. **APPLICABILITY:** This directive applies to all IHSC personnel, including but not limited to, Public Health Service (PHS) officers and federal employees supporting health care operations in ICE-owned or contracted detention facilities and to IHSC Headquarters (HQ) staff. This OM applies to contract personnel when supporting IHSC in detention facilities and at HQ.
3. **AUTHORITIES AND REFERENCES:**
  - 3-1. Medical Quality Management Directive; DHS MD Number 248-01 (October 2, 2009).
  - 3-2. Medical Quality Management Instruction; DHS Instruction Number 248-01-001 (September 10, 2012).
  - 3-3. Commissioned Corps Issuance System (CCIS); CC3131.01 – telework
  - 3-4. Federal Travel Regulations (FTR)
  - 3-5. ICE Travel Policies
4. **POLICY:** The IHSC Medical Quality Management Unit (MQMU) assures ongoing quality healthcare delivery and accountability in meeting compliance of applicable state and federal laws, standards and national policies. Services are provided through the promotion of continuous quality improvement (CQI) and risk management strategies, initiatives, accreditations and certifications. CQI is an

agency-wide responsibility that is administered and managed by the IHSC MQMU located at HQ. The Unit Chief oversees seven programs within the Unit: (1) Quality Improvement/Quality Assurance; (2) Risk Management; (3) Compliance (Accreditations and Policy); (4) Investigations; (5) Health Information Management; (6) Forms Management; and (7) Patient Education.

**4-1. IHSC Comprehensive CQI Program:**

- a. The scope of the IHSC CQI Program is based on all facets of the organization: clinical, managerial, administrative and facility-related.
- b. MQMU, in collaboration with local CQI Coordinators, address four fundamental components for the ongoing management of quality healthcare delivery:
  - (1) Quality assessment utilizing established indicators
  - (2) Quality improvement
  - (3) Monitoring and tracking improvement activity
  - (4) Reporting and evaluating effectiveness
- c. Transparency. All CQI information is located in a folder accessible to all IHSC health staff and to ICE entities on a need to know basis.

**4-2. Chain of Command.** All MQMU staff follow the established chain of command.

**4.3. Orientation and Training**

- a. All MQMU staff will complete a prescribed orientation and training, upon hire, to include, but not limited to: administrative orientation with the Unit Chief and program orientation with the assigned program manager.
- b. All MQMU staff will complete all IHSC and ICE mandatory trainings as required.
- c. MQMU training is overseen by IHSC Headquarters training unit.

**4-4. IHSC MQM Unit Staffing:**

- a. Unit Chief;
- b. Compliance Program Administrator(s);

- c. National Continuous Quality Improvement (CQI) Coordinator;
- d. Continuous Quality Improvement (CQI)-Risk Management (RM) Program Manager;
- e. Continuous Quality Improvement (CQI)-Risk Management Program Coordinator
- f. Accreditations Manager (Compliance);
- g. Policy Development and Management Officer (Compliance);
- h. Senior Compliance Investigator;
- i. Compliance Investigator Specialists;
- j. Health Information Systems Management Program Manager;
- k. Forms Development and Management Program Manager;
- l. IHSC National Patient Education Coordinator;
- m. Management and Program Analyst;
- n. IHSC - Office of Diversity and Civil Rights (ODCR) Liaison; and
- o. Administrative Assistant.

**4-5. Unit Chief Responsibilities.** This is a supervisory position. The Unit Chief oversees agency-specific program components: IHSC Policy and Procedure Development, National Quality Improvement, Risk Management, Compliance Investigations, Accreditations, Health Information Systems, and special assignments/projects (internal Health Systems Assessment Reviews, quality management consultations with ICE and non-ICE entities, oversight of Management Inquiries, Office of Professional Responsibility (OPR) FactFinder, OHA Mortality/Morbidity Reporting, IHSC Hotline monitor, patient education, Civil Rights/Civil Liberties (CRCL) inquiries, etc.). The Unit Chief reports to the Deputy Assistant Director (DAD) for Administration. In addition, the Unit Chief:

- a. Provides oversight of all programs assigned to the Medical Quality Management Unit (MQMU).
- b. Provides administrative supervision to all assigned employees, i.e., personnel related issues, leave granting authority, etc.

- c. Evaluates the National QI/QA Program annually to ensure activities coincide with IHSC's mission and goals.
- d. Collaborates with the Department of Homeland Security (DHS) Office of Health Affairs Medical Quality Unit in meeting compliance requirements of the agency.
- e. Provides consultation and assistance for credentialing and privileging of IHSC staff.
- f. Conducts routine staff meetings, as needed.
- g. Actively participates in leadership meetings, as assigned.
- h. Submits weekly/monthly/annual reports of activities to the DAD, Administrative Services.
- i. Performs other duties as assigned.

**4-6. Responsibilities of Compliance Program Administrator.** This is a supervisory position. The Compliance Program Administrator works closely with the Unit Chief and Compliance Program Managers, and does the following (specific duties may be assigned to specific Compliance Program Administrator, ie. Policy, CQI, Accreditations, etc):

- a. Ensures established standards of care and policies are monitored for compliance at IHSC-staffed facilities, in collaboration with QI/QA and Risk Management Programs.
- b. Oversees the Policy Committee and provides training and education on reviewing policies from the perspective of multiple disciplines and actual clinical practice.
- c. Oversees the duties and responsibilities of the Accreditation program.
- d. Ensures adherence to established standards of care (American Correctional Association [ACA], National Commission on Correctional Health Care [NCCHC], ICE Performance-Based Standards [PBNDS], ICE National Detention Standards [NDS], ICE Family Residential Standards) in ICE facilities.
- e. Provides consultation or assessment of health care delivery in an ICE detention or residential facility.
- f. Critically reviews policies, procedures and designated reports, as assigned.



- g. Oversees the duties and responsibilities of the HQ Policy Program.
- h. Oversees the duties and responsibilities of the National Continuous QI (CQI Coordinator
- i. Chairs the IHSC National Quality Improvement Committee.
- j. Reviews and tracks corrective actions for investigative and CRCL reports, as assigned.
- k. Submits timely notifications to the appropriate components, as needed.
- l. Conducts site visits and investigations from a variety of DHS components, non-governmental organizations or internal IHSC requests, in order to minimize risk to the detained population and the public.
- m. Maintains accountability and monitoring of resources essential to performance of the mission and goals of the MQM Unit and IHSC.
- n. Submits weekly/monthly reports of activities to the MQM Unit Chief.
- o. Participates in all ICE/ERO initiatives affecting Healthcare Quality Management.

**4-7. Responsibilities of National Continuous Quality Improvement Coordinator.** The National CQI Coordinator (located at IHSC HQ) is a non-supervisory position. The National CQI Coordinator:

- a. Guides and consults on administrative and/or clinical issues to educate and clarify standards of care, practice and policy.
  - b. Supports the QI Program, utilizing a variety of activities, tools and methods to improve quality, assess and proactively reduce risks, and ensure safe practices are being utilized.
- (1) Ensures that the HSA, local Quality Improvement Coordinator, or designee establishes a quality improvement committee with representatives from the major program areas. The committee meets at least quarterly and:

Identifies health care aspects to be monitored and establishes thresholds;

Designs QI monitoring activities;

Analyzes the results for factors that may have contributed to less than threshold performance;

Designs and implements improvement strategies to correct the identified health care problem; and

Remonitors the performance after implementation of the improvement strategies.

- (2) Ensures the responsible physician is involved in the CQI Committee.
  - (3) Ensures that the local QI committee conducts a process and/or outcome study when it identifies a health care problem from its monitoring.
  - (4) Ensures the local QI committee completes an annual review of the effectiveness of the CQI program by reviewing CQI studies and minutes of CQI, administrative, and/or staff meetings, or other pertinent written materials.
- c. Directs the collection, analyses, and dissemination of QI data within IHSC, ensuring that basic statistical analyses and comparative processes are included.
  - d. Monitors activities to help reduce risks for injuries, financial loss, and property loss within the organization.
  - e. Collaborates with various key staff to ensure the integration of the quality functions are performed by IHSC staff
  - f. Participates in the development of policies for IHSC, reviews and/or revises the IHSC National QI Plan, at least annually.
  - g. Oversees the preparation of intra- and inter-organizational QI reports that demonstrate evidence of collaborative, multi-disciplinary input.
  - h. Keeps senior leadership informed of public policies, regulations, guidance, and legislative and health care trends that affect various QI, patient safety and other related health care initiatives.
  - i. Collaborates with the IHSC Medical Education and Development Unit to develop training to meet the needs of staff based on data and identified needs.

- j. Submits weekly/monthly/annual reports of activities to the MQM Unit Chief.
- k. Performs other duties as assigned.

**4-8. Continuous Quality Improvement (CQI) -Risk Management Program Manager (RMPM) (located at IHSC HQ).** This is a non-supervisory position. The RM Program Manager:

- a. Assess, identify and reduce the potential mitigating risks to the Agency.
- b. Ensures compliance with state and federal laws and accreditation standards related to safety and risk management.
- c. Guides IHSC staff regarding the RM Program, and collaborates with the National QI/QA Program Manager to identify, assess and proactively reduce litigation risks and adverse patient events.
- d. Collaborates with Compliance Investigators in reviewing and limiting potential risk management occurrences to IHSC.
- e. Schedule and lead the RM meetings, maintain meetings minutes and consult with Unit Chief, as needed.
- f. Provides oversight of the RM team members.
- g. Participates in the development, review and revision of the Risk Management Guide, at least annually.
- h. Collaborates with the IHSC Medical Education and Development Unit to develop training to meet the needs of staff based on data and identified needs
- i. Guides and consults with staff regarding risk management activities, correctly completing the RCA and incident reports.
- j. Coordinates and manages the Root Cause Analysis (RCA) process.
- k. Manages and monitors the incident reporting system (SharePoint) and identifies areas of improvement .
- l. Utilizing statistical data/reports, recommends action plans to reduce the risks for detainees, staff and the liability to the agency.

- m. Assist with developing and implementing policies and procedures for the identification, collection and analysis of risk related information.
- n. Performs oversight and risk management related duties listed in the CQI-Coordinator position description.
- o. Submits weekly/monthly/annual reports of activities to the MQM Unit Chief.
- p. Performs other duties as assigned.

**4-9. Continuous Quality Improvement-Risk Management (CQI-RM) Program Coordinator.**

- a. Supports the Risk Management team.
- b. Provides guidance to staff related to risk management activities, i.e. root cause analysis (RCA), incident reports, etc.
- c. Conduct Health Systems Assessment reviews.
- d. Ensures compliance with state and federal laws and accreditation standards related to safety and risk management.
- e. Assist with developing and implementing policies and procedures for the identification, collection and analysis of risk related information.
- f. Performs other duties as assigned.

**4-10. Responsibilities of HQ Accreditations Program Manager.** This is a non-supervisory position. The Accreditations Manager:

- a. Ensures adherence to established standards of care (American Correctional Association [ACA], National Commission on Correctional Health Care [NCCHC], ICE Performance-Based Standards [PBNDS], ICE National Detention Standards [NDS], ICE Family Residential Standards) in ICE facilities.
- b. Serve as IHSC Liaison for applicable accrediting bodies.
- c. Coordinates inspections conducted as part of the ongoing (e.g., annual) monitoring for compliance.



- d. Reviews reports for 1) significant incidents/adverse outcomes, 2) trends for failure to adhere to the applicable standards, or 3) other sentinel events identified by the Field Medical Coordinators or assignee.
- e. Assesses requests to identify key issues through additional fact-finding, if necessary, and determines appropriate level of response.
- f. Schedules site visits, if indicated.
- g. Reports findings in writing, through the MQM Unit Chief, within specified timeframes. The report includes a corrective action plan (which is developed by the Medical or Nurse Consultant, Field Medical Coordinators, or Health Services Administrator (HSA) on-site), or other recommendations when necessary.
- h. Submits assigned reports to other ICE entities within specified timeframes.
- i. Submits weekly/monthly reports of activities to the MQM Unit Chief.
- j. Performs other duties as assigned.

**4-11. Responsibilities of HQ Policy Development and Management Program Officer.** This is a non-supervisory position. The Policy Program Officer:

- a. Coordinates the development of official guidance: directives, guides, and operational memoranda.
- b. Assists principal authors of official guidance with formatting and other non-content related matters.
- c. Reviews documents weekly, as appropriate, with the Office of the Principal Legal Advisor (OPLA) and the Privacy and Records Office (PRO) to ensure compliance with all applicable laws, policies, regulations and executive orders.
- d. Ensures official guidance is in compliance with the national accrediting bodies and the ICE NDS.
- f. Manages the sequence of review through multiple stakeholders.
- g. Ensures official guidance is disseminated to all IHSC staff.

- h. Submits weekly/monthly/annual reports of activities to the MQM Unit Chief.
- i. Performs other duties as assigned.

**4-12. Responsibilities of the Senior Compliance Investigator and investigative specialists.** The Compliance Investigators perform and/or coordinate the examination, evaluation, and/or investigation of conditions of detention as they relate to the standards of health care provided to individuals in the custody of ICE, or individuals in the care of IHSC. The Senior Compliance Investigator oversee the compliance investigations program. The senior compliance investigator is a supervisory position. The Compliance Investigators:

- a. Conduct appropriate level of investigation in order to minimize risk to health and well-being of detainees and to the health of the public at large.
- b. Conduct and/or coordinate examinations, evaluations, and/or investigations in response to allegations that individuals in the custody of ICE are receiving health care that is not compliant with applicable standards.
- c. Conduct and/or coordinate morbidity and mortality reviews for individuals in the custody of ICE to determine if they received health care in compliance with applicable standards.
- d. Conduct and/or coordinate examinations and/or evaluations of health care related policies and procedures.
- e. Develop appropriate instructions for corrective action plans in response to the findings of inquiries.
- f. Coordinate and/or collaborate with other IHSC units and partners to ensure instructions are implemented and followed up.
- g. Critically and objectively plan investigations, analyze all data, identify relevant issues, develop and pose probing questions, and obtain objective expert opinion when indicated.
- h. Rapidly assess all requests to identify key issues, through additional fact finding if necessary, and determine the appropriate level of response. Identify and gather all data/information required to conduct the examinations, evaluations, and/or investigations.

- i. Schedule visits, and travel to other sites, if indicated. Initiate travel request authorizations through appropriate channels.
- j. Research all standards, policies and regulations, etc., that are required to conduct examinations, evaluations, and/or investigations.
- k. Report findings in writing, through established chains of communication, within specified timeframes. Reports are written in accordance with established formats or in a manner that effectively communicates the information. Reports may include corrective action plans (which are developed by IHSC Medical or Nursing Consultants, Field Medical Coordinators, Clinical Directors, or Health Services Administrators), or other recommendations when necessary.
- l. Perform duties and responsibilities of Certified Office of Professional Responsibility (OPR) FactFinder
- m. Submit weekly/monthly/annual reports of activities to the MQM Unit Chief.
- n. Perform other duties as assigned.

**4-13. Responsibilities of Health Information Systems Program Manager (Registered Health Information Administrator).** This is a supervisory position. The Health Information Systems Program Manager:

- a. Provides expertise in managing patient health information and health records; administers computer information systems for medical records; collects and analyzes patient data; and uses classification systems and medical terminologies.
- c. Applies comprehensive knowledge of medical, administrative, and ethical requirements, and standards related to health care delivery.
- d. Ensures the privacy of protected patient information is maintained in accordance to applicable federal laws and guidelines
- e. Participates in administrative committees; aids in the preparation of budgets; and revises policies and procedures related to health records.
- f. Interacts with all levels of the organization - clinical, financial, administrative, and information systems - that employ patient data in decision-making and everyday operations.

- g. Responsible for the effective and efficient operations of the medical record technicians (MRT) within IHSC for all health records activities, including Privacy Act duties for each field site.
- h. Coordinates meetings for all field MRTs to ensure proper dissemination of medical information regarding health records, training, and implementation information to appropriate program participants.
- i. Assists HSAs and their MRTs in the local planning and implementing of health record programs to achieve and maintain compliance with Federal regulations, DHS and IHSC policies and procedures, and state/local regulations.
- j. Directs ongoing agency-wide collection and analysis of data used to identify opportunities for improvement and ongoing development of the health record information systems.
- k. Gathers data on trends in the field related to health records; develops action plans and works with compliance team to resolve issues related to management of medical information.
- l. Oversees the archiving processes of all paper medical records for IHSC to include the initiation of archiving, maintenance of archived medical records, and the retrieval of medical records from the archive.
- m. Serves as the IHSC liaison and consultant with ICE/DHS Records Management, Privacy, and OPLA.
- o. Submits weekly/monthly reports of activities to the MQM Unit Chief.
- p. Performs other duties as assigned.

**4-14. Forms Development and Management Program Manager.** The Forms Development and Management Program Manager works closely with the Health Information Systems Program Manager. This is a non-supervisory position. The Forms Development and Management Program Manager:

- a. Serves as Forms Manager for IHSC.
- b. Serves as the Forms Liaison for IHSC.
- c. Coordinates an annual review and updates of current forms.



- d. Submits and tracks form requests to the ICE Forms Unit.
- e. Submits weekly/monthly reports of activities to the MQM Unit Chief.
- f. Performs other duties as assigned.

**4-15. Responsibilities of IHSC National Patient Education Coordinator.** This is a non-supervisory position. The Patient Education Coordinator:

- a. Coordinates the development of patient education materials.
- b. Assists with formatting and other non-content related matters.
- c. Reviews patient education materials with appropriate stakeholders.
- d. Serves as the IHSC HQ liaison with the local Patient Education Coordinators in the clinics.
- e. Ensures patient education is in compliance with the National accrediting bodies and the ICE NDS.
- f. Reviews IHSC facilities' Patient Education quarterly and annual reports .
- g. Conducts quarterly meetings with local patient education coordinators.
- h. Ensures patient education materials are disseminated to all IHSC staff.
- i. Submits weekly/monthly/annual reports of activities to the MQM Unit Chief.
- j. Performs other duties as assigned.

**4-16. Responsibilities of Management and Program Analyst.** This is a non-supervisory position. The Management and Program Analyst:

- a. Participates in discussions and conferences concerning long-range planning and administrative matters; advises on the administrative feasibility of operating plans, suggestions, and proposals.
- b. Develops and implements programmatic performance tools to track and measure organizational progress and success in meetings IHSC's mission, goals, objective, and timelines in mitigating risk.

- c. Formulates strategic implementation efforts to ensure the integration and synchronization of planning activities and significant projects throughout IHSC; makes the best use of present resources, planning for future needs and implementation of new resources; assists with the coordination of all requests for additional resources, working closely with others to pull together comprehensive short range and long-range plans.
- d. Assists with the development, maintenance, and operational access of various administrative databases and spreadsheets used for analyses and decision making by all levels of management.
- e. Identifies and implements efficiency improvements by analyzing, streamlining, and automating cumbersome or time-consuming manual administrative processes.
- f. Works collaboratively with others on special projects associated with the analysis or development of agency initiatives and processes to improve detainee health care services.
- g. Submits weekly/monthly reports of activities to the MQM Unit Chief.
- h. Performs other duties as assigned.

**4-17. Responsibilities of IHSC - ODCR Liaison.** This is a non-supervisory position. The IHSC ODCR Liaison:

- a. Reviews and edits information and documents submitted in response to a CRCL request to ensure it is appropriate, responsive, and complete.
- b. Works closely with IHSC Tasking to appropriately assign personnel to provide timely responses to the CRCL requests; and provides a timely response to all CRCL requests.
- c. Works closely with IHSC Tasking as the point of contact for IHSC to receive, track, and respond to CRCL requests.
- d. Participates in the development of policies for the organization. Attends weekly/monthly meetings that entail immediate clarification of health-related issues.
- e. Ensures responses are fully vetted prior to submitting to the Assistant Director for approval. (Vetting is through IHSC Tasking, subject matter experts (SME), Regional HSA/Field Medical

Coordinators/Clinical Directors, Associate Medical Director, Office of Diversity and ODCR, and/or the Writer/Editor.)

- f. Communicates with internal and external stakeholders about the CRCL process.
- g. Participates in the identification of opportunities for improving the process for responding to CRCL requests, recommending solutions, and implementing strategies for improvement. Provides guidance to staff regarding drafting appropriate responses.
- h. Keeps IHSC leadership informed of CRCL inquiries received outside of the established process and updates. Assists with the development and implementation of education and training sessions for drafting quality responses.
- i. Submits weekly/monthly/annual reports of activities to the MQM Unit Chief.
- J. Performs other duties as assigned.

**4-18. Responsibilities of Administrative Assistant.** The Administrative Assistant performs the following duties:

- a. Composes multiple types of information/data in the format of memoranda, letters, briefing materials and reports. Ensures documents are free of grammatical errors.
- b. Provides quality customer service. Receives visitors in a professional manner at all times.
- c. Utilizes professional phone etiquette when answering the telephone. Refers callers and or screens callers appropriately. Independently manages tasks and questions related to callers.
- d. Maintains technical monitor's calendar and schedules appointments and meetings based on current issues of importance. Reminds technical monitor of appointments and briefs on matters for consideration prior to meetings. Intuitively, re-schedules appointments when it is apparent that the technical monitor is unable to attend a previously scheduled appointment.
- e. Maintains awareness of office activities. Assesses any issues that may need immediate attention and responds accordingly.

- f. Manages assigned incoming and outgoing correspondence and action documents. Follows up to ensure deliverables are met in a timely manner.
- g. Manages and updates spreadsheets and reports, as assigned.
- h. Schedules meetings as requested, including room reservations and proper notifications to participants. Attends assigned meetings and prepares reports (agendas, meeting minutes, etc.) and disseminates appropriately in a timely manner.
- i. Makes necessary travel, travel and hotel reservations for technical monitor, as needed.
- j. Performs other duties as assigned.

**4-19. Leave/Alternate Work Schedules (AWS)/Alternative Work Place (AWP)/Financial Disclosure**

- a. MQMU staff follows all applicable United States Public Health Service (USPHS), ICE and contractor leave policies.
- b. MQMU staff follows applicable AWS/AWP USPHS and IHSC directives as applicable.
- c. MQMU staff will complete the required ICE Financial Disclosure forms annually, if applicable.

**4-20. Travel.** MQMU staff complies with all USPHS, ICE and contractor travel regulations, as applicable.

- 5. **PROCEDURES:** None.
- 6. **HISTORICAL NOTES:** This directive replaces OM 15-11-001. Changes made to all sections of the document. The position of Quality Improvement Coordinator was eliminated and Health Data Specialists were removed since they now fall under the Health Information Technology Unit.
- 7. **DEFINITIONS:** Definitions are found at the following SharePoint link: [GLOSSARY FOR IHSC OFFICIAL GUIDANCE](#)
- 8. **APPLICABLE STANDARDS:**



**8-1. Performance-Based National Detention Standards (PBNDs) 2011:**

a. 4.3 Medical Care:

- (1) Subsection E. *Translation and Language Access for Detainees with Limited English Proficiency.*
- (2) Subsection BB. *Administration of the Medical Department, 2. Health Care Internal Review and Quality Assurance.*

**8-2. ICE Family Residential Standards:** 4.3 Medical Care, V. Expected Practices; 25. *Administration of the Medical Department.*

**8-3. American Correctional Association (ACA):**

a. Performance-Based Standards for Adult Local Detention Facilities, 4th edition:

- (1) 4-ALDF-4C-21 *Health Education.*
- (2) 4-ALDF-4D-24 *Health Care Internal Review and Quality Assurance.*
- (3) 4-ALDF-4D-26 *Health Records.*
- (4) 4-ALDF-7D-01 *Quality Improvement Practices.*
- (5) 4-ALDF-7D-02 *Quality Improvement Practices.*
- (6) 4-ALDF-7D-06 *Policies and Procedures.*
- (7) 4-ALDF-7D-07 *Policies and Procedures.*
- (8) 4-ALDF-7D-08 *Policies and Procedures.*

b. Standards for Adult Correctional Institutions, 4th edition:

- (1) 4-4012 *Policy and Procedure Manuals.*
- (2) 4-4013 *Policy and Procedure Manuals.*
- (3) 4-4410 *Internal Review and Quality Assurance.*

c. Performance-Based Standards for Correctional Health Care in Adult Correctional Institutions:

- (1) 1-HC-1A-18 *Health Education.*
- (2) 1-HC-4A-03 *Internal Review and Quality Assurance.*
- (3) 1-HC-7A-03 *General Administration.*

**8-4. National Commission on Correctional Health Care (NCCHC):**

- a. Standards for Health Services in Jails, 2014:
  - (1) J-A-05 *Policies and Procedures.*
  - (2) J-A-06 *Continuous Quality Improvement Program.*
  - (3) J-B-02 *Patient Safety.*
  - (4) J-F-01 *Healthy Lifestyle Promotion.*
  - (5) J-H-01 *Health Record Format and Contents.*
  - (6) J-H-03 *Management of Health Records.*

- 9. RECORDKEEPING.** IHSC maintains detainee health records as provided in the Alien Health Records System of Records Notice, 80 Fed. Reg. 239 (Jan. 5, 2015). Other records generated as described in the policy may be maintained as provided in the Employee Performance File System of Records Notice, 71 Fed. Reg. 35347 ( June 19, 2006) and any other applicable DHS system.

**Protection of Medical Records and Sensitive Personally Identifiable Information (PII).**

- 9-1.** Staff must keep all health records, whether electronic or paper, secure with access limited only to those with a need to know. Staff must lock paper records in a secure cabinet or room when not in use or not otherwise under the control of a person with a need to know.
- 9-2.** Staff are trained at orientation and annually on the protection of a detainee's medical information and Sensitive PII.
- 9-3.** Staff should reference the Department of Homeland Security *Handbook for Safeguarding Sensitive PII* (Handbook) at:  

(b)(7)(E)

  
when additional information is needed concerning safeguard sensitive PII.

10. **NO PRIVATE RIGHT STATEMENT.** This directive is an internal policy statement of IHSC. It is not intended to, and does not create any rights, privileges, or benefits, substantive or procedural, enforceable against the United States; its departments, agencies, or other entities; its officers or employees; or any other person.